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Amendments to the Claims

Claims 1-83 (Cancelled).

Claim 84 (Currently amended):   A method for providing point of service medical reporting, comprising:

receiving a selection of a patient procedure code from a care provider on a first computer ~~at a~~

~~point of service~~;

receiving a selection of at least one diagnosis code from the care provider on the first computer ~~at~~

~~the point of service~~;

linking the <u>selection of the</u> patient procedure code to the <u>selection of the</u> at least one diagnosis

code on the first computer ~~at the point of service~~.

Claim 85 (Previously presented):   The method of claim 84 further comprising electronically

sending patient data including the patient procedure code and the at least one diagnosis code

from the first computer to a second computer.

Claim 86 (Previously presented):   The method of claim 85 further comprising displaying the

patient procedure code and the at least one diagnosis code on a display of the first computer prior

to the step of electronically sending.

Claim 87 (Previously presented):   The method of claim 85 further comprising generating a

patient bill at the second computer, the patient bill associated with the patient data.

2

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Claim 88 (Previously presented):   The method of claim 84 further comprising associating the patient procedure code and the at least one diagnosis code with patient data including patient identifying information.

Claim 89 (Previously presented):   The method of claim 84 further comprising sending patient data, including patient identifying information to the first computer from a second computer prior to the steps of receiving a selection of a patient procedure code and receiving a selection of a diagnosis code.

Claims 90-91 (Cancelled).

Claim 92 (Currently amended):   A method for providing code-driven ~~point-of-service~~ medical reporting, comprising:

receiving a selection of a patient procedure code from a care provider on a first computer ~~at a point-of-services~~;

receiving a selection of at least one diagnosis code from the care provider on the first computer ~~at the point-of-service~~;

linking the patient procedure code to the at least one diagnosis code on the first computer ~~at the point-of-service~~ such that a record of a care provider defined relationship between the patient procedure code and the at least one diagnosis code is maintained.

Claim 93 (Previously presented):   The method of claim 92 further comprising generating a bill based on the patient procedure code and the at least one diagnosis code.

3

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Claim 94 (New):   The method of claim 84 further comprising generating a patient bill based on the selection of the patient procedure code and the selection of the at least one diagnosis code.

Claim 95 (New):   The method of claim 84 wherein the step of linking maintains a care provider defined relationship between the patient procedure code and the at least one diagnosis code.

Claim 96 (New):   The method of claim 84 wherein the step of linking maintains a record of the care provider defined relationship between the patient procedure code and the at least one diagnosis code.

4